Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

8476

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7					RATE	FEE	7	RATE	FEE.	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	→ mi	nus 20=	* \			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=			X86=		
MULTIPLE DEPENDENT CLAIM PI			RESENT							OR			
	Al Ciff	in column 4 in	lose than zero, enter "0" in column 2					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	<u> </u>	OR	TOTAL	770		
CLAIMS AS AMENDED - PART II							SMALL	ENTITY	OR	OTHER SMALL			
(Column 1)			(Column 2)			(Column 3)				•			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	***		=		X\$ 9=	·	OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=		
••										ا`'کا			
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= :		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	ILTIPLE DEF	PENDENT	CLAIM	. [_]		+145=		'	+290=			
								T170-		OR		•	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
						•.							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	#		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			~``\ 			
• M	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								_;]	OR	+290=	·	
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
		mber Previously Paid ober Previously Paid					foun	d in the app	ropriate box	in colu	imn 1.		